



APPLICATION FOR EXTENSION OF THE TEMPORARY REQUIRED PROFESSIONAL EXPERIENCE LICENSE

INSTRUCTIONS: YOU MUST COMPLETE ALL SECTIONS OF THIS APPLICATION. ANY CORRECTIONS MUST BE STRICKEN AND INITIALED. **DO NOT USE WHITE OUT OR CORRECTION TAPE ON THIS FORM.** YOU MAY NOT CONTINUE TO PROVIDE PROFESSIONAL SERVICES UNLESS YOU HAVE RECEIVED APPROVAL FROM THIS OFFICE. YOU MUST INCLUDE A CHECK OR MONEY ORDER FOR \$35.00 ALONG WITH THIS APPLICATION.

PLEASE TYPE OR PRINT

1. FULL NAME: LAST FIRST MIDDLE		
2. ADDRESS OF RECORD: STREET IF APPLICABLE, WOULD YOU LIKE YOUR ADDRESS CHANGED? YES NO		
CITY, STATE, ZIP CODE		
3. RESIDENCE TELEPHONE: ()		BUSINESS TELEPHONE: ()
4. SOCIAL SECURITY NUMBER: - -	RPE NUMBER: _____	DATE OF BIRTH: (MM/DD/YY) ____/____/____
5. NUMBER OF RPE EMPLOYMENT HOURS PER WEEK: _____	6. PROPOSED START DATE OF EXTENSION: ____/____/____	
7. YOU EMPLOYED AS A SALARIED EMPLOYEE OF A PUBLIC SCHOOL IN THE SETTING(S) LISTED IN QUESTION #10? YES NO		
8. NAME OF SUPERVISOR: LAST FIRST		LICENSE NUMBER: _____
9. ADDRESS: _____		
CITY, STATE, ZIP CODE: _____		TELEPHONE NO.: () _____
10. LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED:		
FACILITY NAME: _____		COMPLETE ADDRESS: _____
11 SUPERVISION:		
<input type="checkbox"/> I AGREE TO PROVIDE EIGHT HOURS A MONTH DIRECT SUPERVISION. FOUR OF THE EIGHT HOURS WILL BE IN SCREENING, THERAPY, AND EVALUATION.		
<input type="checkbox"/> I AGREE TO PROVIDE FOUR HOURS A MONTH DIRECT SUPERVISION. TWO OF THE FOUR HOURS WILL BE IN SCREENING, THERAPY, AND EVALUATION.		

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY REQUEST FOR EXTENSION.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____
(SIGNATURE MUST BE IN BLUE INK)

SUPERVISOR'S SIGNATURE _____ DATE SIGNED _____
(SIGNATURE MUST BE IN BLUE INK)